

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**APPLICATION FOR
AUTHORITY TO DO BUSINESS**

Filing Fee \$250.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation in Jurisdiction of Incorporation)

Pursuant to 13-A MRSA §1202, the undersigned corporation applies for authority to do business in the State of Maine:

FIRST: If different, the name under which it proposes to apply for authority to do business in the State of Maine pursuant to §301 (if not applicable, so indicate)

☐ Form MBCA-12F accompanies this application.

SECOND: Its jurisdiction of incorporation is _____ and the date of incorporation is _____

THIRD: Business(es) it is authorized to do under the laws of its jurisdiction of incorporation _____

FOURTH: Does it seek authority to engage in all businesses authorized in its jurisdiction and allowed by Maine Law?

☐ Yes ☐ No If no, specify business(es) for which authority is sought _____

FIFTH: Address of the registered or principal office, wherever located, is _____

(street, city, state and zip code)

SIXTH: The name of its proposed Registered Agent, an individual resident in Maine or a corporation authorized to do business in Maine, and the physical location of the proposed registered office in Maine shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

SEVENTH: Number of shares it has authority to issue, itemized as follows: (attach separate sheet if necessary)

<u>Class</u>	<u>Series</u>	<u>Par Value Per Share</u>	<u>Number of Shares</u>
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EIGHTH: This application is accompanied by an original certificate of good standing, executed by the official in the jurisdiction of incorporation having custody of the corporate records, stating that the corporation has legal existence, good standing or similar language and dated not earlier than 90 days prior to the date of delivery for filing of this application.

DATED _____

***By** _____
(signature of any duly authorized individual)

(type or print name and capacity)

THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MBCA-18 (§1212.1-A.).

The undersigned hereby accepts the appointment as registered agent for the above named foreign business corporation.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized individual.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**